

SUSPECTED INSURANCE FRAUD REPORTING FORM

State of New Hampshire
Insurance Department – Fraud Unit

For State Use Only

Case No. Type Date Rcvd

Reporting Person:	Insurance Company:	NAIC#	Today's Date
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Mailing address:	Phone number: ()
	Fax number: ()
	E-mail

Claimant/Suspect Information

Name (Last / Business):	(First):	(Middle):	Date of birth:	Age:	SSN:
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Street Address (include P.O. Box and apartment #s):	Address Type: <input type="checkbox"/> Res. <input type="checkbox"/> Bus. <input type="checkbox"/> Maildrop <input type="checkbox"/> Other	Fed. TIN <input type="checkbox"/> EIN <input type="checkbox"/> Number:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>
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City:	State :	Zip:	County:	Telephone No.: ()	Phone Type: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus.
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Driver's License #:	State :	VIN:	Telephone No.: ()	Phone Type: <input type="checkbox"/> home <input type="checkbox"/> cell <input type="checkbox"/> bus.
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Vehicle Year:	Make:	Model:	License Plate #:	Reported Injuries: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer:	Address & Phone #:	Occupation:
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Claim Information

<input type="checkbox"/> Paid <input type="checkbox"/> Withdrawn <input type="checkbox"/> Settled	<input type="checkbox"/> Denied <input type="checkbox"/> Pending <input type="checkbox"/> Other _____	Date of Claim: Claim Amount \$ Deductible Amount \$	<input type="checkbox"/> Auto <input type="checkbox"/> W/C <input type="checkbox"/> Other _____	<input type="checkbox"/> Homeowners <input type="checkbox"/> LAH
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Information on False Statement/Criminal Activity

Describe False Statement/Information Concealed or Other Suspected Criminal Activity:

Explain Why Statement is Known/Suspected to be False:

Evidence That Claimant/Suspect Acted Knowingly and/or With Intent to Defraud/Deceive the Insurer

☐ Admission
☐ Misrepresentations
☐ Financial motive
☐ Other motive _____
☐ Failed to pursue claim/withdrew claim
☐ Obstruction of investigation
☐ Failed to avoid harmful consequences
☐ Other _____

Evidence Demonstrating Identity of Claimant/Suspect

☐ Eyewitness
 ☐ Insurance agent ☐ SIU ☐ Law enforcement ☐ Stranger ☐ Friend/Family ☐ Other _____
☐ Admission
 ☐ To insurance agent ☐ To SIU ☐ To law enforcement ☐ To Stranger ☐ To Friend/Family
 ☐ Other _____
 ☐ By telephone ☐ In-person

- ☐ Signature Comparison
- ☐ Comparison to driver's license
 - ☐ Comparison to other known sample
 - ☐ Identification by person familiar with handwriting
 - ☐ Other _____
- ☐ Check deposited into claimant's bank account
- ☐ Check cashed by claimant
- ☐ Computer forensics
- ☐ Fingerprints/DNA
- ☐ Other _____

Reason for New Hampshire Jurisdiction

- | | |
|---|--|
| <input type="checkbox"/> False statement made/prepared in NH | <input type="checkbox"/> Payment received in NH |
| <input type="checkbox"/> False statement placed into mail in NH | <input type="checkbox"/> Money misappropriated in NH |
| <input type="checkbox"/> False statement faxed from NH | <input type="checkbox"/> False statement received by insurer in NH |
| <input type="checkbox"/> Other _____ | |

Has Claimant/Suspect Provided a Statement?

- ☐ Yes
- ☐ Admission ☐ Denial ☐ Other _____
- ☐ No
- ☐ Refused ☐ Expected to take place in future ☐ Not requested

Identify Other Agencies You Have Contacted Regarding This Matter

- ☐ Other State Fraud Bureau ☐ Law Enforcement ☐ Other Insurance Company ☐ Regulatory Agency ☐ Other

Agency Name and Contact Person _____

Case Details (check all that apply)

Civil Litigation or Administrative Proceedings Pending: ☐ Yes ☐ No

Agency/Court _____

Is there any reason to believe that this incident is related to other suspected fraudulent activity? ☐ Yes ☐ No

Name, Address and Phone Number of Insurer's Attorney on this matter (if any):

☐ check here if no attorney

Name, Address and Phone Number of Claimant's/Suspect's Attorney on this matter (if any):

☐ check here if no attorney

Fraud Unit
New Hampshire Insurance Department
21 S. Fruit St., Ste 14
Concord, NH 03301
603-271-7973
www.nh.gov/insurance/fraud.htm
NHFraud@ins.nh.gov

NH RSA 417:28 provides that "Any company which believes that an insurance fraud has been committed shall, within 60 days of forming such belief, send to the unit, on a form prescribed by the unit, the information requested and such additional information relative to the claim and other parties claiming loss or damage because of the claim as the unit may require...In the absence of fraud or malice, no public official or insurance company or person who furnishes information on behalf of the insurance company shall be liable for damages in a civil action or subject to criminal prosecution for any oral or written statement made or any other action taken that is necessary to supply information required pursuant to this section."